



**METROPOLITAN DEVELOPMENT COMMISSION
METROPOLITAN BOARD OF ZONING APPEALS
HEARING OFFICER
OF MARION COUNTY, INDIANA**

No: _____

DMD use only

◆ **PETITION FOR WAIVER** ◆

Please complete legibly.

Address of Subject Property: _____

Petitioner(s) Name: _____

Phone: _____

Address of Petitioner: _____

FAX: _____

Zip Code: _____

Email: _____

Owner(s) Name: _____

Phone: _____

Address of Owner: _____

FAX: _____

Zip Code: _____

Email: _____

Legal Description (check one):

_____ Complete Metes & Bounds legal description attached.

_____ Platted site within a recorded subdivision, copy of plat map attached.

Subdivision Name: _____

Lot Number(s): _____ Section Number(s): _____

Recorded in Plat Book number: _____ page(s): _____

_____ or recorded as Instrument Number: _____ in the Marion County Recorder's Office.

Does the petitioner **own** one hundred percent (100%) of the area involved in the petition (yes or no)? _____

Tax Parcel Numbers: _____

Acreage: _____ **Township(s):** _____

Is this property the subject of any **code enforcement** action (yes or no)? _____

Current **Primary Zoning** Classification: _____ Current **Secondary Zoning** Classification: _____

Current **Comprehensive Plan** recommendation: _____

Existing Use of the Subject Property: _____

Existing Improvements on the Subject Property: _____

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◆ PETITION FOR WAIVER - - PAGE TWO ◆

Indicate the **previous petition docket number**: _____

Provide a **detailed description** of why the waiver should be granted. Attached additional pages or documentation if necessary.

Oath: The above information, to my knowledge and belief, is true and correct.

Signature(s) of Petitioner(s)

STATE OF INDIANA,
COUNTY OF MARION, SS:
Subscribed and sworn to before me this

_____ day of _____, 20 _____

Signature(s) of Owner(s) (if different than petitioner)

STATE OF INDIANA,
COUNTY OF MARION, SS:
Subscribed and sworn to before me this

_____ day of _____, 20 _____

Notary Public

Printed Name of Notary Public

My Commission expires: _____

My County of residence: _____

Notary Public

Printed Name of Notary Public

My Commission expires: _____

My County of residence: _____